

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

Born in Cleveland ☐ YES ☐ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist

Don

FIRST NAME

Tiitto

LAST NAME

Address

10551 Euclid Cleve

6

Cuy.

Tel. 231 2950

NO.

STREET

CITY

ZONE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
1		350 ⁰⁰	Painting 1	oil	1	
1		350 ⁰⁰	" 2	oil	1	
1		350⁰⁰	" 3	oil	1	
1		350 ⁰⁰	Sculpture 1	mixed medium	6	
1		350⁰⁰	" 2	"	6	
1		350⁰⁰	" 3	"	6	
		350 ⁰⁰	Circle		1	2610
		700 ⁰⁰	For title see tag		1	2617

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Don Tiitto

SIGNATURE

Second notice

all

REC'D MAR 11 1963

Cash